

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518905

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	10		/			
4	10		/			
5	10		/			
6	10		/			
7	10		/			
8	10		/			
9	10		/			
10	1		1			
11	10		1			
12	10		1			
13	10		1			
14	1		1			
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TOTAL IND.			4			
TOTAL DEP.			10			
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						